

2021
CITY OF MENOMONIE
WELLNESS CLAIM FORM

THIS CLAIM APPLIES TO THE CITY OF MENOMONIE WELLNESS BENEFIT

EMPLOYEE NAME

INSURANCE CARD ID #

Traditional Plan

HSA Plan

SERVICE FOR EMPLOYEE (Name)	
SERVICE FOR SPOUSE (Name)	
SERVICE FOR DEPENDENT (Name)	

DATE OF SERVICE	PROVIDER	COST

This Space for City Use Only

Date E-mailed
